

# LABORATORY INSPECTION REPORT

5/00

FACILITY NO:		INSPECTION DATE:		PREVIOUS INSP. DATE:		PREVIOUS RATING:		TIME SPENT:	
ANNOUNCED: [ ] Yes [ ] No						SCHEDULED: [ ] Yes [ ] No			
NAME/ADDRESS OF FACILITY:				FACILITY CLASS:		FACILITY TYPE:			
				MAJOR				MUNICIPAL	
				MINOR				INDUSTRIAL	
				SMALL				FEDERAL	
				VPA/NDC				COMMERCIAL LAB	
INSPECTOR(S):				REVIEWERS:		PRESENT AT INSPECTION:			
LABORATORY EVALUATION							RATING		
							SAT	QUAL	UNSAT
LABORATORY RECORDS									
GENERAL SAMPLING & ANALYSIS									
LABORATORY EQUIPMENT									
pH									
QUALITY ASSURANCE/QUALITY CONTROL									
Y/N	QUALITY ASSURANCE METHOD USED				PARAMETERS				FREQUENCY
	REPLICATE SAMPLES								
	SPIKED SAMPLES								
	STANDARD SAMPLES								
	SPLIT SAMPLES								
	SAMPLE BLANKS								
	OTHER								
	EPA-DMR PE SAMPLES.				RATING		ACCEPTABLE		UNACCEPTABLE
	QC SAMPLES PROVIDED.				RATING		SAT		UNSAT
									NA
COPIES TO:			DEQ		OWPP		OE		VDH-OWP
								OWNER	
									OTHER:

VPDES #:

**LABORATORY RECORDS SECTION**

SATISFACTORY

SATISFACTORY  
W/QUALIFICATIONS

UNSATISFACTORY

LABORATORY RECORDS INCLUDE THE FOLLOWING:

SAMPLING DATE

ANALYSIS DATE

CONT MONITORING CHART

SAMPLING TIME

ANALYSIS TIME

INSTRUMENT CALIBRATION

SAMPLE LOCATION

TEST METHOD

INSTRUMENT MAINTENANCE

CERTIFICATE OF ANALYSIS

WRITTEN INSTRUCTIONS INCLUDE THE FOLLOWING:

SAMPLING SCHEDULES

CALCULATIONS

ANALYSIS PROCEDURES

**YES****NO****N/A**

DO ALL ANALYSTS INITIAL THEIR WORK? MUST INITIAL CORRECTIONS ALSO.

DO BENCH SHEETS INCLUDE ALL INFORMATION NECESSARY TO DETERMINE RESULTS?

IS THE DMR COMPLETE AND CORRECT?  
MONTH(S) REVIEWED:

ARE ALL EFFLUENT VALUES REPORTED?

**GENERAL SAMPLING AND ANALYSIS SECTION**

SATISFACTORY

SATISFACTORY W/QUALIFICATIONS

UNSATISFACTORY

**YES****NO****N/A**

ARE SAMPLE LOCATION(S) ACCORDING TO PERMIT REQUIREMENTS?

ARE SAMPLE COLLECTION PROCEDURES APPROPRIATE?

IS SAMPLE EQUIPMENT CONDITION ADEQUATE?

IS FLOW MEASUREMENT ACCORDING TO PERMIT REQUIREMENTS?

ARE COMPOSITE SAMPLES REPRESENTATIVE OF FLOW?

ARE SAMPLE HOLDING TIMES AND PRESERVATION ADEQUATE?

IF ANALYSIS IS PERFORMED AT ANOTHER LOCATION, ARE SHIPPING  
PROCEDURES ADEQUATE?  
NAME & ADDRESS OF LAB:**LABORATORY EQUIPMENT SECTION**

SATISFACTORY

SATISFACTORY W/QUALIFICATIONS

UNSATISFACTORY

**YES****NO****N/A**

IS LABORATORY EQUIPMENT IN PROPER OPERATING RANGE?

ARE ANNUAL THERMOMETER CALIBRATION(S) ADEQUATE?

IS THE LABORATORY GRADE WATER SUPPLY ADEQUATE?

ARE ANALYTICAL BALANCE(S) ADEQUATE?

FOR ASTERISK ITEMS (\*) SEE LABORATORY INSPECTION REPORT SUMMARY PAGES FOR DETAILS.